



राष्ट्रीय मानव अधिकार आयोग
National Human Rights Commission

Manav Adhikar Bhawan, Block-C, GPO Complex,
INA, New Delhi-110 023 INDIA
Fax : +91-011-24663311, 24663312
E-mail : nhrcga@nic.in
Website : www.nhrc.nic.in

File No. R-17/8/2020-PRP&P-Part (1)

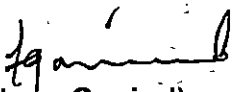
September 28, 2020

Sub: Human Rights Advisory on Right to Food Security and Nutrition in context of Covid-19

National Human Rights Commission (NHRC) is mandated by the Protection of Human Rights Act, 1993 to promote and protect the human rights of all in the country. Towards fulfilment of its mandate, the Commission is deeply concerned about the rights of the vulnerable and marginalised sections of the society which have been disproportionately impacted by the COVID-19 pandemic and the resultant lockdowns.

2. In order to assess the impact of the pandemic on realization of the rights of the people, especially the marginalised / vulnerable sections of the population, the NHRC constituted a Committee of Experts on Impact of Covid-19 Pandemic on Human Rights and Future Response including the representatives from the Civil Society Organizations, independent domain experts and the representatives from the concerned ministries/ departments.
3. On the basis of impact assessment done by the Committee of Experts and recommendations made by it, the Commission hereby issues an advisory on "Right to Food Security and Nutrition in context of Covid-19", as given in the annexure.
4. All the concerned authorities are requested to implement the recommendations made in the advisory and to submit the action taken report for information of the Commission.

Annex : As above


(Jaideep Govind)
Secretary General

Secretary

M/o Consumer Affairs, Food & Public Distribution
D/o Food & Public Distribution, New Delhi-110001

Secretary

M/o Women & Child Development
Shastri Bhawan, New Delhi-110001

Secretary

Department of School Education and Literacy
Ministry of Education, New Delhi-110001

Chief Secretary (All States & UTs)



National Human Rights Commission

Human Rights Advisory on Right to Food Security and Nutrition in context of Covid-19

Background

The Covid-19 pandemic and resultant lockdowns across the country imposed in March 2020 lead to a situation where the right to food security and nutrition of many was undermined. While the lockdown coming to an end, the economy is not back on track. Unemployment continues to be high and people's livelihoods continue to be under stress. A number of studies have shown that the ration provided under the Public Distribution Scheme have been a life saver for many. The provision of additional food grains and pulses for free announced by the Government of India for ration cardholders has been extended up to November of this year.

However, one major gap in this intervention has been that it includes only those who have priority cards under the NFSA. A large number of people, including migrant workers and people from other marginalised communities, do not have ration cards and are hence not able to benefit from the subsidised food grains. While 80 crore people¹ are covered under the NFSA, the official projected population for 2019-20 is about 134.1 crore². The coverage of 81 crore persons means that only around 60% of the population is covered by priority ration cards, whereas the NFSA entitles 67% of the population to have priority cards. Further, there are additional people in requirement of subsidised grains in the context of the pandemic.

The Government of India have recognised the issue of those without ration cards and announced as part of the Atmanirbhar Bharat (ANB) package that 8 crore migrant workers will be given free food grains and pulses for a period of two months. However, the States/UTs have indicated that only a total about 2.8 crore migrants may be covered by them for distribution of free food grains under the ANB package. Later the distribution period was extended up to 31st August 2020 for already lifted food grains. As per reports available from States/UTs up to 06th August 2020 all States/UTs have reported a total distribution of 2.46 LMT while covering a total of about 2.51 Crore beneficiaries.”

The high levels of child malnutrition in India have been a longstanding concern. The NFHS-4 data show that 38% of children under five years are stunted (low height for age) and around 20% children are wasted (low weight for height). More than half the children are anaemic. While malnutrition has multiple determinants including diets, access to health services, child care,

¹<https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1608345>

²<https://pib.gov.in/PressReleaseDetailm.aspx?PRID=1627671>

hygiene and sanitation, food security and a nutritious diet forms the basis for a healthy childhood and lays strong foundations for healthy adult life as well. Ensuring adequate nutrition during early childhood is critical for the overall development of the child. The government has a number of programmes towards improving the nutrition levels of the population, especially children. The Poshan Abhiyaan focuses on multisectoral interventions with the ICDS (Integrated Child Development Services) being its nodal platform. One of its objectives has also been to improve the diets of children and to improve IYCF (Infant and Young Child Feeding) practices.

A timely intervention for these age groups is also very important. It is further well established that it is better to prevent malnutrition as it is difficult to reverse poor growth once it has set in. According to the NFHS-4, only 9.6% children the age group of 6 months to 2 years received a 'minimum acceptable diet', according to the WHO guidelines³. The data from Comprehensive National Nutrition Survey, CNNS (2016-18) show "among two- to four-year-old children, only about 32 per cent consumed any legumes and nuts in the previous 24 hours; 16 per cent consumed eggs; 19 per cent any flesh food. Sixty-two per cent had consumed dairy products and 56 per cent vitamin-A-rich fruits and vegetables. Among five-to nine-year-old children, about 35 per cent had an egg at least once a week, and fewer than 40 per cent had fruits at least once a week. The data for 10- to 19-year-old adolescents tell a similar story"⁴. Given the already poor diets among most children in the country, the food insecurity and livelihood crisis that many are facing as a result of the pandemic and the lockdowns could cause an increase in malnutrition among children.

In this context, the routine programmes for nutrition which also include a component of feeding for children such as the ICDS and school meals become very important. The Supreme Court in March ordered that mid-day meals in schools and supplementary nutrition from ICDS for children, pregnant and lactating women must continue during the lockdown in the form of home delivery of dry rations or cash transfers. According to the provisions of NFSA as well, if for any reason these entitlements are not delivered then compensation in the form of a food security allowance is to be paid. It was again reiterated by the Ministry of Women and Child Development to all the state governments (on March 30th). Moreover, the government has also stated that given the crisis, mid-day meals should be continued during the vacations as well.

However, there is no data on coverage of mid-day meals and supplementary nutrition during the lockdown period but in most states, these have not been provided as schools and anganwadi centres remain closed. In Bihar for instance, the Indian Express reported the poor state of nutrition and food consumption among Musahar children (Ghose 2020, 7th July). After this, the state government-initiated distribution of food grains and cash transfer for the mid-day meal. In Delhi, it was found that children were given a cash transfer only for the few days in March when

³ The minimum acceptable diet indicator measures both the minimum meal frequency and the minimum dietary diversity, that is, food from four or more food groups.

⁴ Vandana Prasad and Dipa Sinha, Dietary Deprivation: Diets sans diversity, Frontline, November 8, 2019. <https://frontline.thehindu.com/cover-story/article29766073.ece>

school was closed after which there was nothing (Ifthikar 2020). Other reports that looked at the data on offtake of foodgrains under these schemes also found a dip during the lockdown months (Varma 2020).

Further, all other essential services such as growth monitoring provided by the ICDS have also come to a halt. According to the POSHAN COVID-19 Monitoring report for India compiled in June 2020, 10 of the 14 most populous States did not conduct community management of acutely malnourished children and eight States were unable to measure growth parameters of children under six years. The report was compiled by UNICEF, IIT-Bombay, IFPRI, World Food Programme and the World Bank.⁵

It is being globally recognized that the pandemic and the resulting economic fallouts pose a serious threat to the nutrition status of populations, especially children. It has been reported that the heads of WHO, UNICEF, World Food Programme, Food and Agriculture Organisation called for a need to ensure access to nutrition, an increased investment into maternal and child nutrition and scaling up programmes to ensure early detection of malnourishment. It also needs to be remembered that these months before the Kharif harvest are known to be 'hunger' months in different parts of the country, where even in normal years there is an increase in the prevalence of childhood wasting.

National Human Rights Commission, being concerned for the human rights of the people, had constituted a "Committee of Experts on the impact of Covid-19 pandemic on human rights and the future response". The objective of this committee was to assess the impact of Covid-19 pandemic and resultant lockdowns. Based on the assessment and consultations with all stakeholders, the Commission makes following recommendations in the form of advisory which are specifically for the pandemic situation or until the situation normalises.

Advisory related to Food Security and Public Distribution

Public Distribution System

- i. The Public Distribution System (PDS) currently covers only about 60% of the population even though it is required to cover 67% as per the National Food Security Act (NFSA) 2013. Coverage must be expanded immediately to be compliant with the NFSA norms.

⁵<https://www.thehindu.com/news/national/restart-hot-cooked-meals-at-anganwadis-right-to-food-campaign/article32289483.ece>

- ii. Expand PDS coverage with immediate effect, to all new needy because of impact on livelihood, due to Covid-19 pandemic and its consequences. This has to be done in a manner where people can be given temporary ration cards with minimal documentary requirements.
- iii. Expand PDS to include nutritious food like pulses, edible oil, eggs, and sugar.
- iv. Provide support to state governments in the form of subsidised grain (at NFSA prices) for them to run community kitchens/feeding centres.
- v. Relax the requirement of mandatory aadhaar seeding for accessing PDS entitlements during Covid-19 period.
- vi. Timely distribution of food grains must be ensured.

Advisory Related to Nutrition

I. Implementation of Anganwadi Services

- i. Recognise ICDS as an ESSENTIAL SERVICE and reopen anganwadi centres immediately to provide crucial growth monitoring, immunisation, cooked meal, and nutritional counselling services, with adequate safety protocols to prevent COVID infection for anganwadi workers, women and children.
- ii. Ensure that sufficient quantity of dry rations (food grains, eggs, milk powder and medicines, etc) and take-home rations are made available to children under three years, as well as pregnant and lactating women.
- iii. Establish a village-based mechanism to maintain data of migrant families and children in the age group of 3-18 years, returning from cities, who would need to be enrolled in anganwadis and schools post lockdown.
- iv. Wherever possible reopen crèche and daycare facilities under national crèche scheme, with proper monitoring of safety guidelines as per MWCD, so that children are protected and cared for, as poor families rejoin the workforce for their incomes and sustenance.
- v. New inclusions in the beneficiaries list may be done to include women and children of migrated families or families with the loss of livelihood.

II. Management of Severe Under Nutrition and Severe Acute Malnutrition

- i. Urgently restart growth monitoring and immunisation services, tracking of malnourished and SAM (Severe Acute Malnutrition) children, provide additional nutrition and energy DENSE food for severely malnourished children, supplementary nutrition/mid-day meals for children, pregnant and lactating mothers and adolescent girls.
- ii. The main strategy currently for SAM children is for the frontline workers to identify them and refer them to Nutritional Rehabilitation Centres (NRCs). With the lockdown,

many NRCs have been shut down, transport systems are disrupted and residential treatment in NRCs might not be possible. It is known that about 85% of SAM children can be treated in the community and do not need in-patient care. Special services (like the VCDC experience in Maharashtra where SAM children were fed five times a day through the anganwadi centre) for SAM children at home must be provided.

III. Mid-day Meal Scheme (MDMS)

- i. Restart MDMS to provide a sufficient quantity of dry rations or hot cooked meal including those children who have migrated to villages with their parents even if they aren't students of that school. Special attention should be given to children with disabilities.
- ii. State Department of Education, State Commission for Protection of Child Rights, State Food Commission, SMCs and village vigilance committees should proactively monitor the uninterrupted delivery of services on the ground. Provide for adequate measures to meet the health and nutrition requirements of adolescent girls. Ensure regular supply of iron supplements, RCH services, access to sanitary napkins, and regular supplementary nutrition provided through ICDS.
- iii. Ensure mid-day meals to children who usually reside in social welfare hostels, tribal welfare hostels etc. but are now at home due to closure.

IV. Essential Workers and their requirements

- i. All services to children are actually provided by the frontline workers. Their safety and personal protection against COVID risks, timely payments, additional hazard pay, adequate and ongoing training, supervision and support through the system, and protection of their rights should be ensured, to realise children's rights.
- ii. Recognise Anganwadi workers and helpers as essential workers, with all necessary protection, payment, training, supervision and other needs required to function as frontline workers, during the COVID pandemic and in the post-pandemic recovery stage.

V. Building and Construction Workers Cess Fund and District Mineral Welfare Fund (DMWF)

- i. State Labour Welfare Boards must use the Building Cess Fund for health, nutrition and care for children of all construction workers. In view of the current situation due to Covid-19 pandemic and resultant lockdowns, it needs to be ensured that the children of those construction workers who are not registered with state labour welfare board are also included for providing access to health and nutritional care.
- ii. State labour welfare boards must release funds for running of crèches for children of construction workers. This will especially enable women construction workers to join economic activities, and ensure care, protection and development of their young children.

This will also incentivise employers, such as small and medium builders/contractors to employ women as part of their workforce.

- iii. Similarly use District Mineral Welfare Fund to supply with additional nutrition and childcare services

VI. Health and Micronutrient Supplementation

- i. Ensure routine immunisation and other essential child health services are not disrupted. Such guidelines should cover immunisation and other essential child health services in ICDS, schools, and quarantine facilities.
- ii. Ensure health and nutrition requirements of adolescent girls through regular supply of iron supplements, RCH services and menstrual hygiene products.

VII. Children without parental care, living in institutions, affected by natural disaster, and children connected with streets

- i. State Commissions for Protection of Child Rights, Child Welfare Committees under JJ Board, civil society organisations must trace, track and register all such children living in extremely vulnerable situations to ensure that the nutrition, health, care and protection needs are being fully met through the state institutions as identified above (ICDS, School MDMS, State Food Commissions and all others).
